DECLARATION	ON AND	Attorney Docket Number	er 2127	21274Y								
POWER OF AT FOR UTILITY O		First Named Inventor	Min	Min Ge, et al.								
PATENT APPL			COMP	PLETE IF KNOWN								
(37 CFR 1.		Application Number										
Declaration Submitted	Declaration Submitted after Initia	Filing Date										
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit										
	required)	Examiner Name										
As a below named inventor	r, I hereby declare th	nat:										
My residence, mailing addre			name.									
				n original, first and joint inven sought on the invention entitle		ural						
7 and 8 MEMBERED HETER ACTIVITY	ROCYCLIC CYCLOI	PENTYL BENZYLAMIDE	MODULA	TORS OF CHEMOKINE RE	СЕРТО	₹						
the specification of which		(Title of the Invention)		1 ²								
	ket Number and Title	of the Invention noted abov	/e									
OR is attached hereto												
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International												
Application Number												
I hereby state that I have rev amended by any amendment			dentified sp	pecification, including the clai	ms, as							
as defined in 37 CFR 1.56, in	ncluding for continua	tion-in-part applications, ma	terial info	nown to me to be material to p rmation which became availab f the continuation-in-part appl	le betwe							
I hereby claim foreign priorit	y benefits under 35 U	J.S.C. 119(a)-(d) or (f), or 36	55(b) of an	y foreign application(s) for part	tent or in	ventor's						
America, listed below and ha	ve also identified belo	ow, by checking the box, any	y foreign a	e country other than the Unite pplication for patent or invent	or's certif							
	pplication having a fi		-	on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY		Attorney Docket Number	Priority YES	Claimed? NO						
	<u> </u>											
Additional foreign applica	ation numbers are listed of	on a supplemental priority data s	sheet PTO/S	SB/02B attached hereto.								
I hereby claim the benefit under	35 U.S.C. 119(e) of any		ication(s) lis	ted below.								
Application Num	Filing Date (MM/DD/YYYY))	Attorney Docket Number									
60/487,317		07/15/2003		21274PV								

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

designating is not disclo	the Unit sed in th 12, I ack 5 which	enefit under ted States of the prior Unite the Unite t	America, ed States of e duty to	listed bor PCT disclos	oelow ar interna e inforn	nd, ins tional nation	ofar as t applicat known	the stion to n	subject to the in the interior to be	matter nanner mater	of each o provided ial to pate	f the oby by th ntabil	claims o e first p ity as d	of this paragra efined	applicatio aph of I in	n	
U.S. Parent Application or PCT Parent Application Number								Filing Da			Parent Patent Number (if applicable)						
Application Number									<i>DD</i> /1111	.,				.ppcu			
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Addition	al U.S. o	or PCT interna	tional appl	ication	numbers	are list	ed on a s	uppl	lemental	priority	data sheet	PTO/S	SB/02B :	attache	ed hereto.		
As a named in	nventor,	I hereby appoiractitioner(s) to	nt, respecti	vely and this ap	d individ plication ciated wi	ually, a and to th the (s my atto transact	orne;	y(s) or agousiness i	ent(s) n the L	with full po	wer of	f substitu	ıtion aı	nd revocation	on, the	
	Nan	ne		I	Registrat		Name						Registration Number				
David A. Rubii	n		4	40,314	Numbe		Dav	id I	L. Rose					26,332			
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							- 			-							
Direct all co	rrespon	dence to: X	Custom	ner Nur	nber [000)210										
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City	Rahway						State	State NJ			ZIP	ZIP 070			65-0907		
Country	USA Telephone (7						732)594	32)594-2675 Fax					(732)594-4720				
belief are be the like so n	lieved t nade are	t all statemer o be true; and punishable l validity of th	d further toy fine or	hat the impris	se state onment,	ments or bo	were ma	ade r 18	with the U.S.C.	know	ledge tha	t willf	ul false	state	ments and		
Name of Sole of	or First	Inventor:						A p	etition h	as bee	en filed fo	r this	unsigne	d inve	entor		
Given Name (first and middle [if any])					Family Name or Surname												
Min							Ge										
Inventor's Signature											Date	12/10/2004					
Residence: City	Edison State NJ							Country US				Citizenship PR China					
Mailing Address																	
City	Rahway State NJ ZIP 07065-0907 Country U.S.A.																
X Additional	l invento	rs are being na	amed on th	e <u>l</u>	supplen	nental A	dditiona	ıl İn	ventors(s)) sheet((s) PTO/SB	/02A a	ttached	hereto			

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]						Family Name or Surname									
Stephen D.							Goble								
Inventor's Signature	Solla						Date					Dec 10, 2004			
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Mailing Address		Merck & Co., Inc. P.O. E	3ox 2000	000											
City Rahway				S	State	NJ ZIP 07065-09			5-0907	Country U.S.A.					
Name of Addition	nal J	oint Inventor, if any:		A petition has been filed for this unsigned inventor											
Give	n Na	ame (first and middle [if	any])						Fa	mily Na	ame o	r Surnar	ne		
Alexander				Pasternak							,				
Inventor's Signature	Mallen					D				Date	12/10/04			4	
Residence: City	Princeton State NJ					Country US Citize						enship	enship US		
Mailing Address Merck & Co., Inc. P.O. Box 2000															
City Rahway			State		ate N.	ZIP 070		07065-0907			Countr	y U.	S.A.		
		oint Inventor, if any:		A petition has been filed for this unsigned inventor											
Give	n Na	ame (first and middle [if	any]) Family Name or Surname												
Lihu						Yang									
Inventor's Signature		Mu					Date			Dec. 10,			004		
Residence: City	LEGISON			NJ		Country US			Citizenship US						
Mailing Address		Merck & Co., Inc. P.O. E	3ox 200	0											
City Rahway						State NJ Z			ZIP 0	7065-09	Countr	y U.	S.A.		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					y]) Family Name or Surnam						ne				
Inventor's Signature							Da			Date					
Residence: City			State			Country			Citizensl						
Mailing Address															
City					s	tate	-	ZIP		Counti		ntry			